

### Dermatology and Syphilology

**Skin Infections of Palms and Soles (Dermatomyces)**—For several years manifestations of fungus infections of the hands and feet have been seen in increasing numbers of cases. Since the world war, these infections, like scabies, have become very common, approaching the proportions of an epidemic. The infecting agent is a yeast (most commonly a ringworm fungus, blastomycete, thrush or some other variety). The subject has become so important that it now occupies a prominent part in the program of all dermatological meetings. At the last American Dermatological Association meeting one session was devoted to full discussion of the question, and there are numerous articles on the same in the current literature.

The skin lesions are of various kinds. They all tend to be well circumscribed. In typical cases one sees on a palm or sole (or all four) groups of small, deeply seated, waxy vesicles. The tops of these vesicles washed in ether and soaked in potassium hydroxide solution or glacial acetic acid will reveal the presence of spores. Material planted on glucose agar and kept at room temperature will yield soon a typical cottony fungus growth. Often, instead of these pompholyx-like lesions, one sees roundish plaques or irregular patches resembling eczema. This condition is called "eczematoid ringworm." The fungus is found in scrapings from such lesions. The eruption may be acute, presenting a moist oozing surface with undermining of the bordering epidermis. Itching, which is sometimes quite severe, is usually present. Moist lesions sometimes seen on the webs of the fingers will often contain yeast organisms. Occasionally secondary infection occurs, resulting in lymphangitis and painful swelling of the regional lymph glands. The lesions may become dry and scaly like a chronic eczema. In the past there were doubtless many cases of epidermophytosis wrongly diagnosed as eczema. While the eruption is most common on the extremities, it is also seen on various parts of the body.

Often some finger and toe nails are involved, becoming dry and presenting underneath, crumbly material which tends to separate them from the nail bed at the borders. Yeast organisms also are now being found in tongue, buccal and genital mucus membrane lesions. Often an epidermophytosis of the internatal surface will be responsible for pruritus ani. Tinea cruris or "jock strap itch" is a common and well-known dermatosis.

These fungus infections are commonly picked up in gymnasia, golf clubs, Turkish baths or other places where people walk around in bare feet. Sometimes the laundry is responsible for infection. I know of one recent instance where an infected cat was found sleeping on a pile of recently laundered clothing. It has been contracted by nurses and physicians through direct contact with patients. Susceptibility varies greatly. Some individuals suffer frequent reinfections.

**Treatment**—It must be remembered first that the disease is apt to be very obstinate. In White's series of cases (*Archives of Dermatology and Syphilology*, Vol. 15, No. 4, p. 387-414, April, 1927) the duration of the disease before consultation

varied from six days to thirty years. In the greatest number of his cases it had existed from one to two years.

For prophylaxis one should always wear sterilizable sandals or wooden shoes while walking around in dressing and shower rooms of baths, athletic and golf clubs. Old socks, shoes and gloves that probably are infected should be destroyed. It is well to remember that handles of golf clubs and athletic clothes are found to harbor the infection.

One should endeavor to improve the patient's physical condition. Naturally indications will vary with the individual. Usually it will be found that a low sugar diet will help. These fungi grow well in a sugar medium.

There are various parasitocides that kill the infection, but they have to be used with care and the formulae varied to meet changing conditions. Iodin, mercurochrome, potassium permanganate silver salts, phenol, chrysarobin, thymol and oil of cinnamon are all recommended. White finds a 2 per cent aqueous solution of mercurochrome very useful. In some cases the foci are eradicated more readily by one of these agents than by another. Changing back and forth from one parasiticide to another may be necessary. The well known and popular Whitfield's ointment is helpful in most cases and occasionally is promptly curative, but it must not be used very long continuously. It usually consists of salicylic acid (6 per cent) and benzoic acid (12 per cent) in lanolin or vaseline. The proportions of these ingredients are varied from time to time. Sooner or later the condition assumes the characteristic picture of an eczema. Then the tars are very useful. Crude coal tar may act very effectively here, starting in with a 5 per cent ointment and increasing the strength gradually. Carefully administered Röntgen therapy and sometimes sun or quartz lamp exposures often give good results. There is a tendency often to over treat this disease, thus delaying recovery. Seldom is one's skill in dermatological therapeutics put to as severe a test as in the handling of these dermatomycoses.

HARRY E. ALDERSON,  
San Francisco.

---

**Poisons and Harmful Drugs Found in Some Cosmetics**—The dangerous character of wood alcohol is so well established that it would appear almost incredible that anyone would dare offer a preparation containing wood alcohol for use on the human body. Wood alcohol is, however, but one of the many poisonous drugs that have been found in so-called cosmetics.

Of the potent drugs of a possibly harmful nature that are used in so-called hair restoratives, there are lead acetate, silver nitrate, paraphenyldiamine, and resorcin. The beauty washes and face enamels contain an even more impressive array of dangerously potent drugs including flake white or lead carbonate, lead plaster, corrosive sublimate or mercuric chloride, calomel, white precipitate or ammoniated mercury, pearl white or bismuth subnitrate, zinc white or zinc oxide, Chinese or commercial zinc oxide and zinc soap.

Flake white is the ordinary white lead of commerce. It is also known as body white, silver white, Dutch white, French white, London white, Roman white, and China white. It is generally recognized as the common cause of industrial lead poisoning.

It has also been observed that females are more susceptible to the action of metallic poisons than are males.—*United States Daily*.